

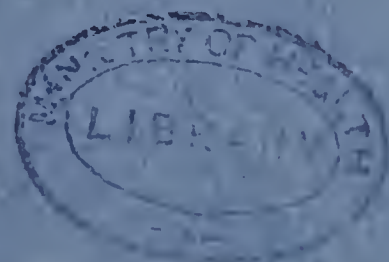
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THE URBAN DISTRICT COUNCIL OF BARNOLDSWICK

ANNUAL REPORT

OF THE



MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1954

BY

M. Hunter, M.B.E., M.D., D.P.H.

THE URBAN DISTRICT COUNCIL OF BARNOLDSWICK

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

For the Year

1954

by

M. HUNTER, M.B.E., M.D., D.P.H.

HEALTH COMMITTEE

The Whole Council

Chairman: Councillor J.D. Robertson.

STAFF OF THE DEPARTMENT

Medical Officer of Health and
Divisional Medical Officer. M. Hunter, M.B.E., M.D., D.P.H.

Ø Sanitary Inspector. J.S. Brewer, M.S.I.A.

Assistant Sanitary Inspector. R. Harrison.

Clerk. Miss E.E. Plews.

Ø (Qualified Meat Inspector).

Divisional Health Office,
19a, High Street,
Skipton.

To the Chairman and Members of the
Health Committee.

Mr. Chairman and Gentlemen,

I have pleasure in presenting for your information my Annual Report for the year 1954., this being the seventh report I have submitted to the Council. Included as an appendix is a report on the Local Health Authority's services in the West Riding County Council's No.1. Health Division which covers the urban districts of Silsden, Earby, Barnoldswick and Skipton, and the Skipton Rural District.

The Report deals mainly with environmental hygiene, as it has done for many years. And whilst the safety of water and food supplies, the control of infectious disease, housing, and schemes of drainage and sanitation retain their importance, the appendix shows how greatly the scope of our work has widened in recent times. The emphasis now being placed on social medicine and the health and well being of the community as a whole is indicative of the change in outlook which has occurred.

I would like to thank the Chairman and Members of the Health Committee for their interest and assistance, and to record my appreciation of the loyal work of the Staff of the Department.

I am,

Your obedient Servant,

M. HUNTER.

Medical Officer of Health.

SECTION A.

Statistics and Social Conditions.

Area of the Urban District (acres)	...	...	...	2,764
Estimated population	...	...	...	10,420
Population at 1951 census	...	...	...	10,282
Number of inhabited houses (estimated)	...	...	...	3,799
Rateable Value for General Rate	...	...	...	£67,930
Sum represented by a Penny Rate	...	...	...	£283. 0. 10d.

BIRTHS:

	<u>Total.</u>	<u>Male.</u>	<u>Female.</u>
Live, Legitimate	136	78	58
Illegitimate	<u>6</u>	<u>3</u>	<u>3</u>
Total:	<u>142</u>	<u>81</u>	<u>61</u>
Still, Legitimate	5	4	1
Illegitimate	<u>-</u>	<u>-</u>	<u>-</u>
Total:	<u>5</u>	<u>4</u>	<u>1</u>
Total Births:	<u>147</u>	<u>85</u>	<u>62</u>

BIRTH RATES:

Live Births (per 1,000 estimated population)	... 13.63.
Still Births (per 1,000 live and still births)	... 34.01

DEATH RATES:

(crude).

(per 1,000 estimated population).

All causes	13.05
Tuberculosis of Respiratory System	-
Other forms of Tuberculosis	-
Respiratory Diseases	1.05
Cancer	1.34
Heart and Circulatory Diseases	6.52

Death Rate of Infants under one year of age.

All infants (per 1,000 live births)	... 21
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DEATHS:

Cause of Death.

	<u>Males:</u>	<u>Females:</u>	<u>Total:</u>
Tuberculosis Respiratory	-	-	-
Tuberculosis other	-	-	-
Syphilitic Diseases	2	-	2
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infection	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other infective and parasitic diseases	-	-	-
Malignant Neoplasm, stomach	-	-	-
Malignant Neoplasm, lung, bronchus	2	-	2
Malignant Neoplasm, breast	-	1	1
Malignant Neoplasm, uterus	-	1	1
Other malignant and lymphatic Neoplasms	5	5	10
Leukaemia, Aleukaemia	-	-	-
Diabetes	1	-	1
Vascular lesions of nervous system	6	9	15
Coronary diseases, Angina	20	8	28
Hypertension with heart disease	-	3	3
Other heart diseases	20	20	40
Other Circulatory Diseases	-	3	3
Influenza	1	-	1
Pneumonia	2	1	3
Bronchitis	5	2	7
Other diseases of respiratory system	-	-	-
Ulcer of stomach and duodenum	3	-	3
Gastritis, Enteritis and Diarrhoea	-	-	-
Nephritis and Nephrosis	-	1	1
Hyperplasia of prostate	-	-	-
Pregnancy, Childbirth, Abortion	-	2	2
Congenital malformations	1	-	1
Other defined and ill-defined diseases	5	4	9
Motor vehicle accidents	-	-	-
All other accidents	1	2	3
Suicide	-	-	-
Homicide and operations of War	-	-	-
	<u>74</u>	<u>62</u>	<u>136</u>

COMMENTARY ON VITAL STATISTICS:

BIRTHS:

The birth rate of 13.63 is below the average of 15.2 for England and Wales as a whole, but is comparable to the rates for the preceding five years which were 13.2., 14.2., 11.0., 14.4 and 14.7.

DEATHS:

The death rate of 13.05 is higher than that of last year when it was 12.05., and is higher than the England and Wales average of 11.3.

The chief causes of death, in order of importance numerically, were:-

1. Heart Diseases.
2. Vascular lesions of the nervous system.
3. Cancer.

INFANTILE MORTALITY:

A rate of 21 shows an increase on last year's rate of 15., but compares favourably with that of 25 for England and Wales. The still-birth rate of 34.0 is, however, disappointing when compared with a rate of 24.0 for the country as a whole.

MATERNAL MORTALITY:

There were no deaths attributable to pregnancy, childbirth or abortion during the year. But in consequence of a change in the Registrar General's method of classifying deaths, in two instances toxæmia of pregnancy in previous years has been given as a causative factor.

SECTION B:

PROVISION OF HEALTH SERVICES FOR THE AREA.

1. GENERAL:

The home nursing, midwifery, health visiting, home help, mental health and ambulance services are provided by the County Council and are described in the Appendix. Reference will also be found there to clinic arrangements, health education, vaccination and immunisation and the school health service.

2. LABORATORY SERVICES:

There has been no change in the arrangements whereby the Medical Research Council's laboratories at Wakefield and Bradford provide a service for the examination of water, milk, ice-cream and a variety of pathological specimens. This is an excellent service, and the co-operation received of a high order.

3. HOSPITAL SERVICES:

Hospital organisation is no longer a local matter, and the services available to this area are provided by the Leeds and Manchester Regional Hospital Boards. The appropriate Hospital Management Committees are responsible for day to day administration, but are in nearly all respects subordinate to the Hospital Boards.

Essential details of the hospitals within or adjacent to the Divisional area are given in table form. The average cost per patient per week is also given in some instances, in the belief that these figures may be of interest to those who read this report. For it is the ever increasing cost of hospital treatment which is placing such a heavy financial burden on the National Health Service.

Situation	Name	Purpose	Beds	Cost per week
Burley-in-Wharfedale	Scalebor Park	Mental Illness	323	
Burnley	Victoria Hosp.	General	168	
Burnley	General Hosp.	General	656	
Burnley	Marsden Hosp.	Infectious Disease	100	
Burnley	Bank Hall			
	Maternity Hosp.	Maternity	51	
Colne	Christiana			
	Hartley	Maternity	16	
Grassington	Grassington Hospital	Chest Diseases	134	£9. 5. 5.
Ilkley	Middleton Hospital	-do-	376	£8.18. 5.
Ilkley	St. Winifreds	Maternity	12	
Keighley	Victoria Hosp.	General	143	£16. 2. 2.
Keighley	St. John's Hospital	Long term sick	258	£8. 0. 2.
		Maternity	34	
Keighley	Morton Banks Hospital	Infectious Disease	72	£19. 4. 5.
Menston	Menston Hosp.	Mental Illness	2,540	
Skipton	General Hosp.	General	64	£15. 7. 3.
Skipton	Raikeswood Hospital	Long term sick	182	£7. 1. 0.

- continued

Situation	Name	Purpose	Beds	Cost per week
Skipton	Cawder Ghyll Hospital	Maternity	18	£20. 7. 6.
Settle	Castleberg Hospital	Mental Deficiency	169	£4. 11. 6.

It should, however, be appreciated that many patients go direct to hospitals in Leeds, Bradford and elsewhere, in particular those suffering from conditions in which treatment facilities are concentrated on a regional basis, e.g. neuro-surgical, genito-urinary, plastic surgery etc.

There has been no difficulty in securing accommodation for maternity patients, or cases of infectious disease. Accommodation for the long term sick, particularly females, is often difficult to find in the winter months, but there is promise of developments which should lead to improved use of the available beds. In the meantime, the Health Department continues to supply information to assist in deciding the priority for admission. The smaller hospitals continue to be handicapped by difficulties associated with the availability of nurses and resident doctors, and to a lesser degree, domestic staff.

4. BLIND PERSONS:

There are 16 blind persons in the district. The Blind Persons Teacher exercises supervision and helps with their problems, and specialist examinations are carried out periodically by an ophthalmologist. The increasing proportion of old people is producing an increase in the incidence of blindness, much of it being due to cataract and glaucoma, which is in some measure preventable by earlier diagnosis and treatment.

5. WATER SUPPLIES:

Mr. Broughton, the Engineer and Surveyor has kindly supplied the following information:-

- (i) The water supply has been satisfactory (a) in quality, (b) in quantity.
- (ii) Samples of water have been analysed periodically, and the results are shown overleaf in tabulated form.

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- (iii) Results of chemical analysis indicate that the waters are not liable to have plumbo-solvent action.
- (iv) Action in respect of any form of contamination has not been necessary.
- (v)(a) The number of dwelling houses on direct supply as at 1.1.55 is 3,762.
- (b) The number of dwelling houses on direct supply by means of stand pipes is nil.

Results of Samples of Water taken from Elslack Reservoir.

<u>Date.</u>	<u>Presumptive B. Coli.</u>	<u>On Agar 2 days 37°C.</u>	<u>Remarks</u>
13. 1. 54.	Nil	Nil	None
17. 1. 54.	"	"	"
5. 5. 54.	"	"	"
9. 6. 54.	"	"	"
4. 8. 54.	"	"	"

Results of Samples of Water taken from Whitemoor Reservoir.

13. 1. 54.	Nil	Nil	None
17. 1. 54.	"	"	"
5. 5. 54.	"	"	"
9. 6. 54.	"	"	"
4. 8. 54.	"	"	"
13.10. 54.	25	"	"
16.11. 54.	3	"	"

1. Sample of water from Elslack Reservoir.
2. Sample of water from Whitemoor Reservoir.

Sample 1.

Sample 2.

Colour	None	None
Appearance	Clear and Bright	Clear and Bright
Taste	None	None
Odour	None	None
pH Value	6.9	7.0
Free Carbon Dioxide	2.5	2.5
Nitrogen - Free & Saline	0.044	0.016
Albuminoid	0.048	0.034
Nitrous	0.001	0.001
Nitric	0.08	0.42
Hardness		
Temporary	11	56
Permanent	32	Nil
Oxygen absorbed in 24 hours	0.7	0.2
Total Solids	105	120
Carbonate	as CO ₃	34.0
Nitrate	as NO ₃	1.90
Chloride	as Cl	13
Iron	as Fe	Nil
Lead	as Pb	Nil
Copper	as Cu	0.04
Free Chlorine	0.02	Nil

All results expressed in parts per million:

The waters chemically are of very good quality.

During the past year, attention has been drawn to a subject hitherto never mentioned in these reports. It is the fluoridation of water supplies which is already practised on a considerable scale in the United States of America, based on the knowledge that an appropriate concentration of fluorine in drinking water will greatly reduce the incidence of dental caries. Arrangements have been made for the addition of fluorine to the water supplies of certain towns in this country, and as the fluorine content of the Barnoldswick supplies varies from 0.04 to 0.08 parts compared with a recommended 1.0 parts per million, the results will be awaited with interest. There appears to be no valid objections to this valuable piece of preventive medicine, and the cost is likely to be small.

6. FOOD HYGIENE:

Although there was no outbreak of food poisoning in the district during the year, this is a matter which still requires the closest attention. This is shown by reference to the cases reported in England and Wales in 1953., being the latest figures available at the time of writing, which show that the number of incidents, (i.e., outbreaks and sporadic cases) was 5,277, being an increase of 1,758 over the previous year. 10,373 cases were notified, and there is evidence that at least 15,000 persons had symptoms; all preventable, no matter whether infection was due to salmonella, staphylococci or other organisms. 51 cases were fatal.

The foods implicated in outbreaks were similar to previous years, the most important being processed and made-up or re-heated dishes - pies, brawn, sandwiches, sausage, cold and pressed meat, stews and the like. Trifles, ice-cream, custard and cream buns again added their quota, followed by processed fish and duck eggs. Duck eggs are used extensively in this country, and, as many of them are infected they should never be eaten unless boiled for fifteen minutes, and used only in cooking where the food is subjected to prolonged heating at high temperatures after the eggs are added.

Although food poisoning is usually more inconvenient than serious, it is important as an indication of poor hygiene and inadequate or wrong use of refrigeration in kitchens and food factories. Exhortation and education are obviously not meeting with much success yet. But immediate improvement would result if customers refused food prepared in conditions known to be unhygienic, and by methods known to be potentially dangerous.

7. ATMOSPHERIC POLLUTION:

The measurement of atmospheric pollution is undertaken by the County Council in conjunction with the Department of Scientific and Industrial Research, and three types of instrument are located at the Divisional Health Office. The deposit gauge measures the amount of deposited matter polluting the atmosphere, the lead peroxide instrument the amount of sulphur (SO₃) pollution, and the smoke filter the amount of suspended impurity.

The results of analyses with these instruments are shown in the following table:-

Month	Rainfall in mm.	Total Solids deposited in tons per sq. mile.	Sulphur in ngns. (SO ₃) per 100 sq. cms. per day.	Average daily suspended im- purity in ngns. per cubic metre
January	98	22.64	0.94	30.9
February	59	16.95	0.96	24.1
March	62	30.69	0.92	30.9
April	16	9.30	0.59	26.8
May	96	20.25	0.48	30.9
June	92	15.50	0.48	20.6
July	111	19.03	0.48	20.6
August	143	16.37	0.24	16.5
September	140	20.62	0.68	28.9
October	155	20.55	0.75	26.4
November	153	19.17	0.88	39.4
December	155	26.99	1.01	25.0

Measurement of atmospheric pollution on a national scale, based on observations from 150 stations, show an annual production of 2,400,000 tons of smoke - 1,290,000 tons from wasteful domestic fires, 700,000 tons from industry, 400,000 tons from railways and 10,000 tons from generating stations. In addition, 5,000,000 tons of sulphur dioxide, and 570,000 tons of ashes are produced.

Attention has again been focussed on this evil record by the Beaver Committee Report, which describes atmospheric pollution as "a social and economic evil of the first magnitude", estimated to cost the country £250 million per year, and to waste 10 million tons of coal.

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The effect on health is considerable. "Snog" was responsible for 4,000 deaths in London in December, 1952., and the death rates from bronchitis in this country are far higher than they are in Scandinavia and elsewhere. These are but two points. To get rid of this smoke would probably not cost more than the bill which the country pays annually (i.e. £250 million), and it is hoped that energetic steps will now be taken to implement the Beaver Committee's recommendations.

8. CREMATION:

The Skipton Urban District Council's crematorium was opened on the 30th May, 1952., and between that date and the end of 1954 over two thousand cremations have taken place. There is an increasing demand for this simple, complete, hygienic and reverent method of disposal of the dead; and as the half million people who die in Great Britain each year would require some 500 acres of land for burial, it is also an economic method.

The Medical Officer of Health is the medical referee to the Crematorium, assisted by a deputy as required.

9. NATIONAL ASSISTANCE ACTS, 1948 and 1951:

These Acts provide for the removal to hospital or other suitable place of persons suffering from grave chronic disease, or being aged, infirm, or physically handicapped are living in insanitary conditions, being unable to devote to themselves, and not receiving from other persons proper care and attention.

It was not necessary to take action under these Acts during the year, it being possible to deal with such cases as came to notice by other methods.

SECTION C: PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

1. DIPHTHERIA:

Another year has passed without a case of diphtheria, but there are cases occurring in England and Wales every week, and it is important that the low incidence should not result in a false sense of security, to the neglect of immunisation. Further reference to this matter is made in the Appendix.

2. SCARLET FEVER:

This disease was less prevalent, there being 14 cases compared with 49, 11 and 6 in the three preceding years. All cases were again of a mild type.

3. MEASLES:

The biennial periodicity of this disease was well illustrated as but 4 notifications were received compared with 128, 9 and 207 in the three preceding years.

4. WHOOPING COUGH:

Only 12 cases were notified, compared with 79, 37 and 110 in the three preceding years. Whether this reduction is due entirely to immunisation against the disease, it is not possible to say, but the consensus of medical opinion is that if whooping does occur it is certainly less serious in the child who has been immunised.

5. SMALLPOX:

No cases occurred, but the vaccination state is low throughout the whole country, and the alarm which resulted from the epidemic in 1953 has been short-lived. The demand for vaccination has fallen away proportionately, although at the time of writing this report an epidemic exists just across the Channel, in Brittany.

6. TUBERCULOSIS:

In so far as this district is concerned, 13 cases of tuberculosis were notified during the year, compared with 12, 8 and 13 in preceding years. 10 patients were admitted to tuberculosis hospitals, and 10 discharged. 73 cases remained on the register at the end of the year. The waiting lists for admission to these hospitals have been greatly reduced of late. In fact, admission can now be secured in most instances almost as soon as treatment is offered.

About a hundred years ago, 65,000 deaths were caused by tuberculosis each year in England and Wales in a population of 20 millions. In 1939 the deaths numbered 25,600 with the population more than doubled, and since then there have been further falls to 10,585 in 1952 and 8,902 in 1953. This is satisfactory in so far as it goes, and is attributable to some extent to sanatorium and surgical treatment, and the isolation of infectious patients, but to a larger extent to better standards of living - better nutrition, better housing, and better working conditions.

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Although it must not be forgotten that the tuberculosis death rate for those in the lowest social class still remains twice as high as for those in the highest social class. Tuberculosis is, therefore, a social evil which can and must be stamped out. It is, therefore, a matter for concern that although mortality is declining fast there is no diminution in the number of fresh notifications. It is believed that these notifications are mainly the result of more effective and earlier case finding, but there is another factor. That is the survival of cases who would have died in the days before effective drug treatment was available, but who now remain alive, in some instances in an infectious state, and in a position to disseminate the disease amongst their contacts. It would, therefore, seem that before the disease is abolished, there is an intermediate stage in which patients are an increased burden on the welfare and curative sources, and this implies the need for intensification of the search for early cases, hitherto undiscovered sources of infection, and the reasonable segregation of the above chronic cases.

The routine methods of preventive medicine are being applied with an additional measure introduced for the first time this year. This consists in obtaining parental consent for the application of a tuberculin test to each school entrant. The great majority of these children have not been infected with tuberculosis germs, and give a negative reaction. But a positive reaction implies infection, and now that most milk supplies are from tuberculin tested herds or pasteurised, examination of the child's family contacts is considered worthwhile. This is undertaken with the help of the Chest Physician, and has already shown results.

Since 1948, the treatment of tuberculosis has been the responsibility of the hospitals and chest physicians; but the health authority's responsibilities are closely integrated in this area by the employment of health visitors in the chest clinics, and a monthly case conference where all relevant problems are discussed. This has proved to be of great value.

During the year arrangements were made for persons to be X-rayed who were taking up appointments in the Division involving contact with children, such X-rays now being obligatory; and all persons holding such positions were encouraged to attend the Mass Radiography Unit for an annual check.

B.C.G. Vaccine:

This is a form of inoculation similar to smallpox vaccination, and produces in the human body an artificially acquired resistance to the disease. It has been approved by the Chest Physician in all suitable cases, and although it is still uncertain whether it gives complete protection, and precisely how long the immunity lasts, there is no doubt that it reduces the risk of contracting tuberculosis.

In addition to the vaccinations performed by the Chest Physician, mostly in young children, B.C.G. vaccination has this year been offered to thirteen year old children, exhibiting a negative response to tuberculin tests. The principle is the same, but in this case aims at providing an immunity through adolescence, which is considered a dangerous age in respect of tuberculous infection. Details of this scheme are given in the Appendix to this report, in the School Health Service section.

Mass Radiography:

This service has been operating for 10 years, and there are now seventy units in England and Wales examining some three million people each year. The aim of the service is the detection of early and symptomless cases of tuberculosis, and in general the yield of cases is highest in the age group 15 - 35., and amongst cases referred by general practitioners. A unit of the Leeds Regional Hospital Board visited Barnoldswick in September, and a brief report of the findings is as follows:-

	Males:	Females:	Total:
1. Examinations carried out:			
(a) Miniature X-rays taken	1,573	162	1,735
(b) Large X-rays taken	59	7	66
2. Analyses of provisional findings:			
(a) Cases of active tuberculosis.	2	-	2
(b) Cases of inactive: "	21	5	26
(c) Other abnormalities:	17	3	20

This report is in respect of a special survey, and as it includes many who had been X-rayed previously, it is obviously not comparable with the average national rate of 3.5 cases of active tuberculosis per 1,000 cases examined.

7. FOOD POISONING:

One notification was received during the year, a case of infection with *Salmonella typhi-murium* in a small child. Investigations failed to discover the source of infection, or any other cases of a mild nature which might have escaped notification.

8. OTHER DISEASES:

Notifications were received in respect of 9 cases of pneumonia, and 3 of erysipelas. There were no notifications of poliomyelitis, meningitis or dysentery.

[illegible]

The following report is furnished by the Sanitary Inspector under the Sanitary Officers' (Outside London) Regulations, 1935:-

FACTORIES.

Mechanical and non-Mechanical Factories on the Registers:-

Cotton Manufacturers	24
Silk Manufacturers	1
Joiners and Undertakers	5
Shoemakers and Repairers	8
Cloggers	1
Blacksmiths	1
Motor Engineers and Garages	8
Millwrights and Engineers	5
Corn Millers	1
Printers	2
Cheese Makers	1
Steam Laundries	1
Monumental Masons	1
Plumbers	4
Foundries	2
Mattress Makers	1
Milliners	1
Filter Manufacturers	1
Other Premises	3

71

102 inspections were made to these premises, and the following table shows the defects found:-

<u>SANITARY CONVENIENCES:</u>	<u>Found:</u>	<u>Remedied:</u>
Insufficient	-	-
Unsuitable or defective	-	-
Artificial lighting	-	-
Intervening ventilated		
space	-	-
Want of cleanliness	1	1
Other offences	1	1

SEWERAGE, DRAINAGE AND SANITARY WORK.

The sewage works are under the supervision of the Council's Surveyor and are situated in Greenberfield Lane, and the methods of treatment have not been satisfactory due to the influx of manufacturers into the district, and complaints have been received from the Rivers Board concerning the effluent discharged into the stream. The improvement of the sewage works is in the hands of the Council's Surveyor.

The duties of the Health Department are the supervision of drainage work where no plan has been submitted.

97 visits were made to inspect and test existing drains and sewers, and supervise the construction of new drains.

RIVERS AND STREAMS:

These are under the control of the West Riding Rivers Board.

No instance of pollution came to the notice of the Department.

CLOSET ACCOMMODATION:

There are 34 pail closets and two tanks. These are emptied weekly, and the number does not include those on outlying farms. The existing pail closets cannot be converted to fresh water closets because there are no sewers available.

The Council makes no grant towards the conversion of waste water closets, but the owners of property have converted 57 during the year.

34 additional fresh water closets were constructed, and drains at 8 premises were reconstructed.

The following is the approximate closet accommodation connected with domestic premises:-

Fresh water closets	3,868
Waste water closets	995
Fixed receptacles	2
Pail closets (excl. farm premises)	<u>34</u>

4,899

SANITARY INSPECTIONS OF THE AREA.

Slaughter Houses	169
Dairies and Milkshops	13
Bakehouses	116
Other premises where food is prepared and sold	42
Ice-Cream premises	30
Offensive Trades	2
Milk Samples	-
Factories, Mechanical and non-Mechanical	102
Common Lodging Houses	34
Shops Act	1
Alleged dirty or verminous premises	1
Infectious disease investigations	18
Ice-Cream Samples	24
Water Samples, Town's Supply:	

Bacteriological:	18
Plumbo-solvency:	4
Chemical:	4

Drains inspected and tested	97
Reservoirs	11
Council Tip, Salvage Shed and Depot	99
Smoke Observations	171
Destructor	4
Rats and Mice Destruction	395
Schools	18
Mortuary	3
Dwelling Houses: Public Health Acts	
(incl. revisits):	672
Housing Acts	
(incl. revisits):	198
Faeces Samples	10

2,256

Interviews on various premises with owners, agents and contractors	230
Complaints received	47
Informal notices under the Public Health Act	22
Informal notices complied with	13
Houses rendered fit without service of informal notice	49

STATUTORY NOTICES:

	<u>Number</u> <u>Served</u>	<u>Number</u> <u>Outstanding</u> <u>1953.</u>	<u>Number</u> <u>Complied</u> <u>with 1954.</u>
Housing Act:			
Section 9	-	-	-
Public Health Act, 1936			
Section 93	-	2	2
Section 39	7	2	9
Section 138	-	-	-
Factory Act 1937			
Section 7	-	-	-
Nuisances found in 1954		103	
Nuisances in hand at end of 1953		50	
Total needing abatement		153	
Total abated during 1954		141	
Total outstanding at end of 1954		12	

WORK CARRIED OUT UNDER THE SUPERVISION OF THE DEPARTMENT.

Waste water closets converted into fresh water closets	57
Additional fresh water closets	34
Drains reconstructed	5
New drains provided	5
Defective soilpipes repaired or renewed	1
Defective tipplers repaired	1
Defective and choked drains released and repaired	30
W.C. pedestals renewed	1
Bath and sink waste pipes renewed or replaced	1
Rainwater pipes disconnected from drains	2
Rainwater pipes and eavestroughings repaired or renewed	13
Defective dustbins replaced	5
Dustbins provided in lieu of ashpits abolished	1
Doors and casings to outbuildings repaired or renewed	3
Walls and ceilings plastered	9
House roofs repaired	10
Windows repaired and reveals pointed	10
Defective floors repaired	2
Fire ranges repaired and fire backs reset	3
External walls pointed or rendered in cement	7
New water services provided	4
Dirty and insanitary factory conveniences cleansed	1
Choked drains factory conveniences	1
Accumulations removed	1
Limewashing (Bakehouses)	6
Verninous premises cleansed	1
Verninous persons cleansed	2
Miscellaneous	27

PUBLIC CLEANSING:

The cleansing work is under the supervision of the Sanitary Inspector and includes the collection and disposal of domestic and trade refuse, the cleansing of streets and the emptying of the street gullies.

Controlled tipping is carried out at Gill Brow, one 7 cubic yard side-loading collection vehicle is in operation the whole of the week on dustbins, and trade refuse, and a second similar type vehicle is engaged three days per week emptying ashpits and collecting salvage. The remainder of the week this vehicle is used for the cleansing of pails, tanks and street gullies.

There are approximately 3,302 bins and 931 ashpits to be collected in the area. A fairly satisfactory collection of refuse has been maintained during the whole of the year. The cost per ton for collection and disposal was 14s.7.03d compared with last year's figure of 12s. 10.21d per ton.

The whole of the made up streets in the district are swept regularly by mechanical sweeper, with the addition of one street orderly. By these means the cleanliness of the streets has been kept to a high standard, and been beneficial to the public in general.

The cleansing of street gullies is carried out by a mechanical gully emptier at regular intervals, thus obviating complaints arising from choked street gullies.

The following table shows the quantity of waste and dormant materials salvaged and sold:-

	Tons:	Cwts:	Qtrs:	£.	s.	d.
Waste Paper	120	10	3	798	8	10
Scrap tins and Light metal	8	-	-	4	-	-
Kitchen Waste	85	15	-	25	-	-
	<u>214</u>	<u>5</u>	<u>3</u>	<u>827</u>	<u>8</u>	<u>10</u>

WEIGHTS PER 1,000 POPULATION:

<u>Population</u> <u>Estimated</u>	<u>Paper</u> <u>(tons)</u>	<u>Kitchen Waste</u> <u>(tons)</u>	<u>Scrap tin</u> <u>(cwts).</u>
10,282	11.72	8.33	1.55

COST OF PUBLIC CLEANSING:

COLLECTION OF TRADE AND DOMESTIC REFUSE.

Total loads removed:- 2,708 = 4,676 tons.

Cost:-

	£.	s.	d.
Wages, Repairs, Replacements etc.	3,298	17	9
Average cost per ton		14	1.38

DISPOSAL OF REFUSE.

Total Cost	511	18	9
Average cost per ton		2	2.27

PAPER SALVAGE (COLLECTION AND DISPOSAL).

Total Cost	477	17	4
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COLLECTION, DISPOSAL & SALVAGE.

	£.	s.	d.	£.	s.	d.	£.	s.	d.
Gross Cost							4,288	13	10
<u>Income</u>									
Salvage, paper	798	3	10						
Scrap tins,									
Light metal	4	-	-						
Kitchen Waste	25	-	-						
Trade Refuse	15	6	11						
Miscellaneous	35	12	-	878	7	9			
Nett Cost							3,410	6	1
Average per ton								14	7.03
Estimated cost per building								17	11.44

TRADE REFUSE (INCINERATOR).

	£.	s.	d.	£.	s.	d.
Total Cost				49	2	7
Income	1	3	-			
Nett Cost				47	19	7

CLEANSING OF PAILS AND TANKS.

	£.	s.	d.	£.	s.	d.
Total Cost				146	14	4
Income		15	-			
Nett Cost				145	19	-
Cost of Cleansing Streets and Gullies				1,226	1	8
Income	36	5	-			
Nett Cost				1,189	16	8

RATS AND MICE DESTRUCTION:

395 visits were made to rat and mice infested premises and sewer manholes.

27 premises were treated during the year for either rats or mice, comprising of one major and 26 minor infestations. Sausage rusk or bread rusk with zinc phosphide as poison was used in some cases, and in others where added precautions were necessary, sausage rusk mixed with warfarin was instituted.

In one instance a defective drain was found to be the cause of infestation.

The following type of premises were dealt with:-

Dwelling houses	12
Housing Site	2
Factories	8
Canteens	1
Schools	2
Food Shops	2

No. of prebait's for rats	28
No. of poison bait's (warfarin) for rats	138
No. of poison bait's (warfarin) for mice	507

A 10% test of the sewers in the district was carried out in the month of June. The findings of the test resulted in the Ministry of Food (Rodent Control Section) giving instructions that no further action need be taken to this part of rodent control until the early part of the next financial year.

Total number of bait's laid in sewers: 62

COMMON LODGING HOUSES:

There is one common lodging house in the district, and at the beginning of the year a keeper was licenced by the Local Authority. After a few months the keeper left and no other suitable keeper was found. As a result of this the premises deteriorated rapidly and conditions were very unsuitable for use as a common lodging house.

The owners were prosecuted twice for keeping a common lodging house without a registered keeper, and the owners were fined without the imposition of a daily penalty.

The premises are to be sold at the beginning of next year, and after this sale will not be used as a common lodging house, so a potential danger to the health of the community will be removed, and the old people who reside there will get the care and attention needed, if they will accept the accommodation which will be offered to them.

TENTS, VANS AND SHEDS:

There is one wooden erection used as a dwelling. There was no reason for complaint in relation to sanitary accommodation, water supply and overcrowding.

SHOPS ACT:

The Department is responsible for the supervision of shops in relation to the provision of suitable and sufficient ventilation, temperature and sanitary convenience.

SMOKE ABATEMENT :

Number of Chimneys	18
Number of observations of 30 minutes duration	171
Minutes of Black Smoke	2
Average time of Black Smoke emitted per observation	.01
Average time of smoke emitted per observation	6.1

On no occasion was Black Smoke emitted in excess of the time allowed by the Council's Byelaws. It was necessary to interview on seven occasions Engineers of factories where excessive moderate smoke was emitted. The main causes for the excess of moderate smoke was in some instances inexperienced firemen, poor quality of coal, defective mechanical stokers and shortage in man power in the factory causing under-loading on the boilers.

During the year improvements have been made in regard to the mechanical stoking of boilers in one case.

DISINFECTION:

The disinfection of bedding and clothing from cases of infectious disease is carried out at the Isolation Hospital, and a "Velox" steam disinfecter is installed for the purpose. The rooms where patients have been isolated are disinfected with formalin.

Rooms disinfected: 18.

HOUSING:

Number of dwelling houses in the district: 3,799
Number of back-to-back houses included in
above: 175

1. (1) Inspection of dwelling houses during the year:-
 - (a) Total number of dwelling houses inspected for housing defects (under Public Health Acts): 194
 - (b) Number of inspections made for the purpose: 370
- (2) (a) Number of dwelling houses (incl. under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations: 1
- (b) Number of inspections made for the purpose: 4
- (3) Number of dwelling houses needing further action:-
 - (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation: 1
 - (b) Number (excl. those in sub-head (3)(a) above), found not to be in all respects reasonably fit for human habitation: 73
2. Remedy of defects during the year without service of formal notices.

No. of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers: 13

Houses rendered fit without service of informal notice: 49

3. Action under Statutory Powers during the year.

A. Proceedings under Sections 9,10 and 16, Housing Act, 1936.

1. Number of dwelling houses in respect of which notices were served requiring repairs: Nil
2. Number of dwelling houses which were rendered fit after service of formal notices:-
 - (a) By owners: Nil
 - (b) By Local Authority in default of owners: Nil

B. Proceedings under Public Health Acts.

1. Number of dwelling houses in respect of which notices were served requiring defects to be remedied Nil
2. Number of dwelling houses in which defects were remedied after service of formal notices:-
 - (a) By owners: Nil
 - (b) By Local Authority in default of owners: Nil

C. Proceedings under Section 11 and 13 of the Housing Acts; 1936.

1. Number of representations, etc. made in respect of dwelling houses unfit for human habitation: 1

Number of houses where undertaking given not to use for human habitation: 1
2. Number of dwelling houses in respect of which Demolition Orders were made: Nil
3. Number of dwelling houses demolished in pursuance of Demolition Orders: Nil
4. Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953. If so, what. None

D. Proceedings under Section 12 of the Housing Act, 1936.

1. Number of separate tenements or underground rooms, in respect of which Closing Orders were made: None

2. Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit:	Nil
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4. Housing Act, 1936 - Part IV - Overcrowding.

(a) 1. Number of dwellings overcrowded at end of year:	3
2. Number of families dwelling therein:	4
3. Number of persons dwelling therein:	17
(b) Number of new cases of overcrowding reported during the year:	3
(c) 1. Number of cases of overcrowding relieved during the year:	2
2. Number of persons concerned in such cases:	11

NEW HOUSES:

5. Number of houses provided during the year:-	
By the Local Authority:	
Permanent type:	189
Temporary type:	Nil
By Private Enterprise :	Nil

6. Housing Act, 1949

Action in connection with:-

(a) Section 4 - Advances for purpose of increasing housing accommodation:	Nil
(b) Section 20 - Grants to persons other than local authorities for improvement of housing accommodation:	2 - £145

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

Premises Licenced by the Local Authority under the Milk and Dairies Regulations, 1949.

Number of shops (bottled milk only)	7
Number of Dairies	7
Number of Licences under the Milk (Special Designations) Regulations, 1941, Pasteurised (High Temperature short time process)	1
Number of Licenced retailers of Tuberculin Tested Milk (pasteurised)	12
Licenced retailers of Pasteurised Milk	12
Licenced retailers of Sterilised Milk	2

There is a dairy in the district which received milk from the farms and depots in the surrounding area. During the year approximately 2,977,487 gallons of milk, and 2,090,220 gallons of Tuberculin Tested milk were received. Approximately 2,975,917 gallons were brine cooled or pasteurised and sent to Bradford, Burnley, Leeds, Halifax and Manchester. Cheese was made from the remainder of the milk.

MEAT AND OTHER FOODS:

Number of private slaughterhouses	1
Number of butchers' shops	17
Premises used for the preparation of sausage, potted, pressed, pickled or preserved foods (excl. butchers' shops)	9
Manufacture and sale of Ice-Cream	1
Sale (only) of Ice-Cream	31

42 visits were made to premises where food was prepared or sold for human consumption. On no occasion was it found necessary to take any action, the premises being in a satisfactory state of cleanliness.

There is one privately owned slaughterhouse in the district which became operative after the de-rationing of meat on July 1st. Since coming into being 169 visits have been made to inspect animals slaughtered for human consumption. The following table shows the number of animals slaughtered, and the weight of meat and edible organs condemned:-

CARCASES INSPECTED AND CONDEMNED.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
No. killed	32	331	4	1471	316	2154
No. inspected	32	331	4	1471	316	2154
All diseases except tuberculosis. Whole carcasses condemned	-	-	-	1	-	1
Carcasses of which some part or organ was condemned	1	22	-	19	1	43
Percentage of the number inspected affected with disease other than T.B.	3.125	6.64	-	1.35	.316	
Tuberculosis only; whole carcasses condemned	-	1	-	-	-	1
Carcasses of which some part or organ was condemned	1	48	-	-	6	55
Percentage of the number inspected affected with T.B.	3.125	14.8	-	-	1.89	

MEAT:

	Tons.	Cwts.	Qts.	Lbs.
Carcasses of Beef (1)		3	1	24
Part of Beef Carcasses		2	2	15
Carcase of Sheep			1	10
Part of Sheep Carcase				9
Pork Heads			3	8
Edible organs and fat		13	1	6
	1	-	2	16

OTHER FOODS:

The following table shows the amount of food stuffs condemned:-

	Cwts.	Qts.	Lbs.
Tinned Meat	1	1	20
Tinned Foods	1	-	24
Dried Prunes		1	-
	<u>2</u>	<u>3</u>	<u>16</u>

ICE-CREAM

30 visits were made to premises where ice-cream was manufactured and sold, and there was no action taken as the premises were clean and in a satisfactory condition. The premises for the manufacture of ice-cream comply with the Ice-Cream (Heat Treatment, etc)., Regulations, 1947.

There are 31 shops registered under the Food and Drugs Act for the sale of Ice-Cream only.

There were 24 samples taken, and the following are the results:-

Number of samples in "Provisional Grade" 1.	17
Number of samples in "Provisional Grade" 2.	4
Number of samples in "Provisional Grade" 3.	1
Number of samples in "Provisional Grade" 4.	<u>2</u>
Total:	<u><u>24</u></u>

BAKEHOUSES:

The number of bakehouses on the register is 18. 116 visits were made to these premises, and on each occasion were found to be clean and in a satisfactory condition, except six where cleansing was carried out after verbal cautions, and so no Statutory action was necessary.

FOOD SHOPS AND STALLS:

The Council has adopted the Model Byelaws for the "Handling, Wrapping and Delivery" of food stuffs made under Section 15, Food and Drugs Act, on the 8th May, 1950. Some attempt has been made by the shopkeepers and assistants to comply with these byelaws.

ANALYSIS OF FOOD SHOPS.

Grocers	47
Grocers and Confectioners	6
Butchers	17
Bakers and Confectioners	10
Confectioners	10
Greengrocers	12
Sweets and Confectionery	3
Sweets	5
Fish and Chips	6
Cooked meats	4
Health and Food Stores	1
Cafes	6
	<u>127</u>

METEOROLOGICAL RETURNS:

Recorded at the Modern School, Kelbrook Road, Barnoldswick.

<u>Months</u>	<u>No. of days with rain recorded.</u>	<u>Rainfall in inches</u>
January	14	3.82
February	21	2.75
March	18	2.62
April	9	.93
May	18	3.20
June	17	2.55
July	24	5.17
August	25	6.74
September	26	6.76
October	28	8.76
November	25	5.76
December	26	5.74

Total number of days with rain recorded: 251
Total rainfall in inches: 54.82

Highest rainfall for any day in 1954:
20th January: 1.85 inches
Wettest month
October: 8.76 "
Driest month
April: .93 "
Longest dry period
18th - 29th April, 1954 (12 days inclusive).

WEST RIDING COUNTY COUNCIL (GENERAL POWERS) ACT, 1951.

Registration under Section 76:

Registration of Hawkers of Food and their premises

Number on register: 3

Registration of Hawkers of Food from outside the district.

Butchers: 1

Greengrocers: 3

Ice-Cream: 1

5

Registration under Section 120.

Registration of Hairdressers and Barbers

Number on register: 15

PETS ANIMALS ACT, 1951.

Number of persons licenced: 1

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

Number of premises licenced: 2

WEST RIDING COUNTY COUNCIL.

DIVISION NO.1.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1954.

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1. General Description
2. Staff
3. Health Centres
4. Care of Mothers and Young Children
5. Midwifery Services
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10. Vaccination and Immunisation
11. Health Education
12. Children neglected or ill-treated
13. Care and After Care
14. Ambulance
15. School Health Service
16. Medical Examinations

1. GENERAL DESCRIPTION.

The Division consists of the following districts:-

	<u>Population</u>	<u>Area in Acres</u>
Silsden Urban District	5,820	7,101
Earby Urban District	5,348	3,519
Barnoldswick Urban District	10,282	2,764
Skipton Urban District	13,210	4,211
Skipton Rural District	23,715	146,071

Ø (Registrar General's Preliminary Report on the 1951 Census).

Social conditions in this mixed urban and rural community changed little during the year. Such changes as occurred were beneficial, being attributable to full employment with a corresponding rise in the standard of living, and improved housing conditions. But although much has been done to improve the latter, much remains to be done; and it is hoped that full advantage will be taken of the provisions of "The Housing Repairs and Rents Act, 1954" to secure the demolition or improvement of substandard property which remains. Farning, one of the most important occupations, had a difficult year. For the shortage of farm labour persisted, and the hay crop was gathered under most adverse conditions in a period of bad weather, unparalleled in the last fifty years.

2. DIVISIONAL STAFF: as at 31st December, 1954.

M. Hunter.	M.B.E., M.D., D.P.H. Divisional Medical Officer.
C. Harris.	M.B., B.Ch. Assistant County Medical Officer.
R.R. Stoakley.	M.B., B.Ch. Assistant County Medical Officer.

NURSING.

(a) Divisional Superintendent Health Visitor.

Miss F. Stevenson S.R.N., S.R.C.N., C.M.B., Part 1. H.V.

(b) Health Visitors/School Nurses.

Miss M. Birdsall	S.R.N., C.M.B. Part 1. H.V.
Mrs. D. Crabtree	S.R.N., S.C.M., H.V.
Mrs. A.M. Dickinson	S.R.N., S.C.M.
Miss N. Easton	S.R.N., S.C.M., H.V.
Miss R.E. Fawcett	S.R.N., S.C.M., H.V.
Miss I. Fell	S.R.N., S.C.M., H.V.
Miss M. Smith	S.R.N., S.C.M., H.V.
Mrs. I.G. Roscow	S.R.N.
Mrs. B. Roberts	S.R.N., S.C.M.
Miss M. Whaley	S.R.N., S.C.M., H.V.
Miss N. Williams	S.R.N., S.C.M. H.V.

(c) Home Nurses.

Mrs. V.M. Flynn	S.C.M., S.E.A.N.
Mrs. H.C. Hill	S.R.N., S.C.M.
Mrs. I. Molyneux	S.R.N., S.C.M.
Mrs. M. Parkinson	S.R.N.
Mrs. M. Pratt	S.R.N.

(d) Home Nurse/Midwives.

Miss M. Brown	S.R.N., S.C.M.
Miss E.M. Butler	S.R.N., S.C.M.
Miss P.J. Crompton	S.R.N., S.C.M.
Miss C. Herbert	S.R.N., S.C.M.
Mrs. D. Inman	S.R.N., S.C.M.
Mrs. E.M. Lingard	S.R.N., S.C.M.
Miss P.M. Oversby	S.R.N., S.C.M.

(e) Home Nurse/Midwives/Health Visitors.

Mrs. P.M.E. Bunnett	S.R.N., S.C.M.
Miss A.M. Hunter	S.R.N., S.C.M.
Mrs. B.A. Priestley	S.R.N., S.C.M., H.V.

(f) Midwives.

Miss E. Barlow	S.C.M.
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OTHER STAFF.

Ø Mental Health Social Worker.

Mrs. J. Barber S.R.N., S.C.M.

Ø Home Teacher (Under Mental Deficiency Act).

Miss M.E. Marshall. M.A.

Ø Venereal Diseases Social Worker.

Mrs. Doige-Harrison.

Ø Speech Therapist.

Miss M. Buckley., L.C.S.T.

Ø (Part time in Division 1).

DAY NURSERY STAFF.

Matron	1
Nursery Assistants	2
Cooks and Domestics	2

ADMINISTRATIVE AND CLERICAL STAFF.

Administrative (Chief Clerk)	1
Clerical	8

HOME HELP STAFF.

Full time	15
Part time	30

OTHER DOMESTIC STAFF.

Part time	3
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The Division has again been fortunate in having a full complement of staff throughout the year, helped no doubt, by a favourable geographical position. Calls upon the staff, particularly the home nurses, have at times been heavy; but thanks to their willing co-operation all demands have been met.

It is gratifying to report that co-operation between the three branches of the Health Service - hospitals, general practitioners and local health authority, shows some signs of improvement, after a period of six years when all our efforts appeared to be in vain. A great deal more can be done in this direction, and it must be done if the general public is to receive the full benefits from this most costly Health Service. A Service which seems to have measured its progress by a yearly increase in the numbers of patients, hospital staffs, beds and drugs, and to have no policy except an arbitrary financial "ceiling", for reducing the annual bill for ill-health.

3. HEALTH CENTRES.

The establishment of Health Centres was to be one of the main features of the National Health Service, and their provision would certainly improve co-operation, help the patients by saving their time, and in the long run would likely reduce the total cost. But they are expensive to build, and instead of their being numbered in hundreds there are still less than ten in the country. Furthermore, there appears to be a reluctance of the medical profession for their establishment, which did not previously exist. Group practice appears to be the alternative, and the Minister of Health is reported to have said that this offers more promise for the future. It may well do so for the general medical practitioners, but unfortunately the patient cannot arrange his illnesses and accidents to coincide with his doctor's presence, and he may be seen by up to half a dozen doctors, particularly during holiday periods. He does not seem to find this entirely satisfactory, and it becomes increasingly difficult to reconcile the concept of the family doctor, - the erstwhile guide, counsellor and friend - with the large group practice.

In the absence of health centres we continue to use various types of rented premises for the local health authority services. Most of these are unsuitable and involve the staff in a wastage of time and effort. But we have been using them for years, and the services are generally well patronised despite the unattractiveness of the surroundings.

4. CARE OF MOTHERS AND YOUNG CHILDREN.

(a) BIRTHS:

Public Health Act, 1936 - Section 203.

Return of births notified in the Divisional Area during the period 1st January - 31st December, 1954.

Details.	Domiciliary Live. Still.		Institutional Live. Still.		Total.
(a) Primary Notifications					
(i) Urban Districts	66	1	275	8	350
(ii) Rural Districts	60	-	238	2	300
(b) Add Inward Transfers:	4	-	241	7	252
(c) Total Notifications received:	130	1	754	17	902
(d) Deduct Outward Transfers	-	-	61	-	61
(e) Total Adjusted Births	130	1	693	17	841

Analysis of Institutional Births:

Born in (a) Hospitals:	689	17
(b) Maternity Homes:	1	-
(c) Nursing Homes:	3	-
Total:	693	17

(b) ANTE-NATAL CLINICS

Name and address of Ante-Natal Clinic (whether held at Infant Welfare Centre or other premises).	No. of sessions now held per month.		No. of women in attendance.		Total No. of attendances made by women during year.
	Combined with I.W.	Doctors	Midwives only	No. of women who attended during year.	No. of new cases included in Col. 5. Separate Sessions.
Barnoldswick Methodist Hall, Mosley Street	-	4	-	125	107
Earby Old Grammar School	-	2	-	58	43
Glusburn Ebencezer Sunday School	-	2	-	26	19
TOTALS:	-	8	-	209	169
					935
					133
					274
					528
					Midwives only

(c) INFANT WELFARE CENTRES.

Name and Address of Centre.	No. of Infant Welfare Sessions now held per mth.	No. of children who first attended a Centre of this Local Authority during yr. and who at their first attendance were under 1 yr. of age.	No. of children who attended during yr. and who were born in 1954. 1953 1952-49	Total No. of children who attended during yr.	No. of attendances during yr. made by children who at date of attendance were: Under 1 but 2 but 1 yr. under 2. 5.	Total attendances during yr.
Barnoldswick Methodist Hall	8	129	112 108 148	368	1612 451 392	2456
Barby Old Grammar School	4	59	52 66 41	159	1088 340 214	1642
Gargrave Institute	2	29	28 18 47	93	328 196 223	747
Glusburn Fenceezer Sunlay Schl.	4	80	67 54 39	160	1101 226 163	1490
Grassington Church Fouse	2	28	25 26 24	75	306 270 157	733
Siladen Kirkgate S.Sch.	4	80	69 55 47	171	804 167 99	1070
Skinton Millfields Hall	12	125	104 129 173	406	2006 599 584	3189

(d) MOBILE CLINICS.

Name and Address of Centre.	No. of Infant Welfare Sessions now held per mth.	No. of children who first attended a Centre of this Local Authority during yr. and who at their first attendance were Under 1 yr.	No. of children who attended during yr. and who were born in:			Total No. of children who attended during year.	No. of attendances during yr. made by children who at date of attendance were:			Total attendances during yr.
			1954	1953	1952-49		Under 1 yr.	1 but under 2.	2 but under 5.	
Addingham	2	24	17	13	11	41	242	20	56	318
Bradley	2	7	6	15	9	30	34	18	8	60
Carleton	2	9	9	19	23	51	97	113	23	233
Cononley	2	8	8	14	18	40	72	113	95	280
Cowling	2	19	18	14	21	53	231	57	65	353
Lothersdale	2	2	2	3	3	8	9	13	10	32

(e) CARE OF PREMATURE INFANTS.

A premature infant is defined as one weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation. 57 premature infants were born in the Division during the year, some of which were transferred to childrens hospitals for treatment. Special equipment is kept for use on the midwife's request when premature infants are to be nursed at home.

(f) DAY NURSERIES.

As a result of a change in the policy for admission, the Earby Day Nursery was closed during the year, and those children who were eligible were offered places at the Barnoldswick Nursery. This change in policy has also affected the attendances at Barnoldswick and by the end of the year there had been considerable reductions in both children and staff. The expense of this service will be appreciated when it is pointed out that in the day nurseries in the West Riding the daily cost per child attendance was 16s. 2.9d in 1953 - 54.

(g) CHILDRENS HOMES.

There are two homes in Skipton, Burnside House and Aireview House. They are administered by the Welfare Department, but all children are examined by the Health Department Staff on admission and discharge, and periodically during their stay.

(h) CARE OF THE UNMARRIED MOTHER AND CHILD.

The illegitimate birth rate expressed as a percentage of all live births has now fallen to about half what it was in 1945., i.e., from nearly 10% to under 5%. And the infant mortality rate for the illegitimate is now approaching the rate for the legitimate. These figures give cause for some satisfaction, but the fact remains, that one in every twenty one children born in this country is illegitimate, which in figures means 32,503 illegitimate children born in 1953. (Figures quoted from "The Report of the Ministry of Health, 1953"). A proportion of these will be legitimized on marriage, but there must be many children born every year under conditions which may ultimately lead to grave personal and social difficulties.

This Division has its share of illegitimate births, unfortunate victims of human frailty, and admission to hostel or home for confinement and for a period thereafter has been arranged when requested. The County Council provides financial assistance in such cases, and much practical help has been provided by the Bradford Diocesan Moral Welfare Council. Some babies have been adopted, for which there is a demand; but in many cases there exist problems of moral and social rehabilitation which are most difficult to solve, even with the full co-operation of all statutory, voluntary and denominational bodies.

(a) BIRTHS:

The total number of domiciliary confinements was 131 compared with 710 in hospital, giving a percentage of 12. The proportion of hospital confinements varies greatly in this country, ranging from 34% to 91%, with an average of 64%; whilst the Ministry of Health estimate that hospital provision is necessary on medical and social grounds in about half the confinements.

In this Division it has not been necessary to refuse a bed to a single applicant for several years past. Maternity homes are expensive units, and if the Ministry's recommendation was adopted, the reduction in financial expenditure would be great; and many women would willingly have their babies at home who now go into hospital beds which are so freely available.

(b) ANTE-NATAL CLINICS:

Attendances at the existing ante-natal clinics continued at a satisfactory level. At these clinics all patients have blood taken for Rhesus and Kahn testing, and haemoglobin estimation. Weighing, urine testing and blood pressure readings are carried out at every visit. Furthermore, patients are encouraged to discuss health matters and preparations for the confinement with the doctor, health visitor and midwife, and to attend the relaxation exercise classes which are provided at two clinics.

(c) CHILD WELFARE CENTRES:

Details of centres and attendances are given in table form. The mobile centre has continued to operate on two days each fortnight, providing a service for mothers and children living in less accessible places, and the village of Bradley was added to its itinerary during the year.

Assistance at the static centres has again been provided by members of the Voluntary Committees, and we are greatly indebted to these ladies for their continued support.

(d) DENTAL CARE:

The County Council has one dental clinic in this Division, at Barnoldswick. The Senior Dental Officer has been able to offer free treatment to all expectant and nursing mothers referred to him from the Earby and Barnoldswick clinics, whilst in other parts of the Division local dental practitioners have continued to provide a service under the County Council's scheme.

(i) WELFARE FOODS SCHEME.

During the year the Local Health Authority took over the distribution of dried milk, cod liver oil, orange juice and vitamins from the Ministry of Food. This involved a great deal of work at short notice, and distribution centres were established at Skipton, Silsden, Crosshills, Earby, Barnoldswick, Gargrave and Grassington. In addition, cod liver oil and orange juice are distributed through voluntary agencies at Appletreewick, Linton, Addingham, Sutton, Farahill, West Marton, Lothersdale, Cowling and Kettlewell.

(5) MIDWIFERY SERVICE.

Two whole time midwives have been employed, and eight home nurses also undertake domiciliary midwifery in the more rural areas. These members of the staff are trained to give gas and air analgesia during childbirth, conducting normal deliveries as independent professional practitioners with a doctor available when required. They also give pethidine, and will be trained to give trilene. The fear that the era of the midwife's independence might be coming to an end thus seems unfounded.

STATISTICS:

Number of confinements in the Divisional area attended by midwives:-

	Institutional Total No. of cases.	Domiciliary Cases.			
		Dr. not booked. Dr. present at time of delivery of child.	Dr. not present at time of dlvy. of dlvy.	Dr. booked. Dr. present at time of dly. (either booked Dr. or another).	Dr. not present at time of dly. of child.
Midwives employed by the Authority	-	-	6	42	79
Midwives employed by Voluntary Organisations	-	-	-	-	-
Midwives employed by Hospital Management Committees.	523	-	-	-	-
Midwives in Private Practice:					
(a) Nursing Homes					
(b) Others					

6. HOME NURSING.

To-day most cases of acute illness go to hospital, and the work of the home nurses may be divided into three categories - (i) minor ailments and injections; (ii) post-operative and other cases discharged from hospital, and (iii) the chronic sick and the dying.

Much of their work falls into the last category, and along with it many duties which are not strictly nursing, but which have so often to be undertaken because the sick and aged have no relatives to assist them. There is no limit to the demands which may be made upon the nurses, for whilst hospitals may set a limit to the number of patients they will admit, the nursing of cases requiring admission (particularly the long-term sick) inevitably falls on the home nurse, often under difficult and deteriorating conditions. Fortunately this work is fully appreciated, and it has never been necessary to refuse a call upon the five whole-time nurses, and the eight home nurse/midwives who have been employed during the year.

Mobility is obviously of the greatest importance if this service is to be sustained, and the standard of care continued. The majority of nurses have their own cars, perhaps acquired under the assisted purchase scheme. Three nurses run cars owned by the County Council, and only two are without transport.

A summary of the work undertaken by the home nurses is as follows:-

(i)	Number of visits paid by home nurses during the year	... .. 35,933.
(ii)	Number of cases attended by home nurses during the year (excluding midwifery and maternity cases)	... .. 2,258.

7. HEALTH VISITING.

It is not generally appreciated that health visitors are also qualified midwives and nurses, and the important contribution which can be made to the health of the community by individuals with such training is only now being realised.

Under the provisions of the National Health Service Act, the health visitor is provided for home visiting, for the purpose of giving advice as to the care of young children, persons suffering from illness, and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

Here, they are also employed as school nurses, and tuberculosis health visitors, so that each has an area (usually with a clinic as well) in which she can employ her knowledge and skill amongst the families, and which become very well known to her.

A valuable part of her work is the teaching of health in these homes, but she can give much assistance either on her own initiative or to the family doctor in cases of feeding difficulties in infancy, the supervision of the aged, and the welfare of the tuberculous and the disabled. She can also provide information for hospitals which would otherwise be difficult or impossible to obtain, and so materially assist in the patients treatment.

The health visitors investigations into the fate of certain premature babies, and of the effect of virus diseases in pregnancy have been continued.

STATISTICS:

Number of visits paid by health visitors during the year in addition to their attendance at clinics and welfare centres:-

	<u>First Visits:</u>	<u>Total Visits:</u>
(i) Expectant Mothers	176	482
(ii) Children under 1 yr.	806	6,122
(iii) Children between 1 & 5 yrs.	-	8,450
(iv) In respect of Tuberculosis	-	1,008
(v) Other cases	-	1,815
	<u>982</u>	<u>17,877</u>

8. HOME HELP SERVICE.

If a census could be taken of the benefits which have been derived from the National Health Service Act, there is no doubt that this service would take a high place in the order of appreciation, particularly in an area such as this where there has been no unemployment, and the employment of women in the mills is traditional.

Families are in general much smaller than they used to be, and they move about the country more. Members are, therefore, not available to help their sick or aged relatives, and the demands on the home help service increase year by year.

In such circumstances, the home help is employed to do everything which falls to the lot of the housewife, including cooking, cleaning, washing and the care of children. Alternatively, she may attend the aged to do the heavier work for a few hours each week. Or attend other cases for such time and duties as their circumstances require. During most weeks between 80 and 100 individuals or families have been provided with whole time or part time help, and the clerical and administrative work involved in this provision is considerable.

Cases provided with home helps during the year came within the following classifications:-

		<u>No. of cases.</u>	<u>Hours employed.</u>
(i)	Maternity (incl. expectant mothers) ...	54	4,698
(ii)	Tuberculosis ...	4	762
(iii)	Chronic sick, incl. aged and infirm ...	253	37,531
(iv)	Others ...	9	2,984
Total:		<u>320</u>	<u>45,975</u>

9. MENTAL HEALTH SERVICE.

The functions of the Local Health Authority under existing legislation are as follows:-

(a) The appointment of duly authorised officers to take initial proceedings for removal to hospital of persons who are to be dealt with under the Lunacy and Mental Treatment Acts.

(b) The duty under the Mental Deficiency Acts 1913 - 18 of ascertaining what persons in the area are defectives; providing suitable supervision for them, guardianship, or institutional care; and making arrangements for the provision of suitable training or occupation for defectives not in institutions.

(c) The duty to make arrangements for the care and after-care of persons suffering from mental illness or mental defectiveness, so far as provision is not otherwise made.

(d) The provision of an ambulance service for the purpose of the mental health service.

Under the terms of paragraph (a) the Duly Authorised Officer has dealt with the following cases during the year:-

(i)	Number of cases certified under Section 16 of the Lunacy Act, 1890	18
(ii)	Number of cases dealt with under Section 20	-
(iii)	Number of cases dealt with under Section 21	-
(iv)	Number of cases in which authorised officers have assisted in obtaining admission under Section 1 of the Mental Treatment Act	1
(v)	Cases dealt with under Section 5 of the Mental Treatment Act	1
(vi)	Any other cases referred to the authorised officer for action, but where it was not found necessary to proceed under the Lunacy or Mental Treatment Acts	4

These figures may not appear to be large, but they refer to a comparatively small population, and the fact remains that a majority of the hospital beds in this country is devoted to the institutional care of the mentally sick, and there is need for more. 5,000 additional beds in mental and deficiency hospitals have been provided since 1948., and capital works authorised will provide another 7,000. This provision should go some way towards reducing the overcrowding, and the long waiting lists.

The majority of mental defectives are now brought to notice through the School Health Service, being found unable to benefit from education in an ordinary school or special school. Occasionally elderly defectives are notified who have been cared for by relatives until old age or ill health prevents their continuing this care.

During the year 1954., 12 new defectives were discovered, 11 of whom were under 16. At the end of the year there were 65 mental defectives resident in the Division, of whom 14 were under 16. 51 had been placed under Statutory Supervision, 11 were under voluntary supervision, and one was on licence from an institution. In addition, 56 defectives whose home addresses are in the Division were receiving institutional care.

The Mental Health Social Worker visits defectives in Divisions 1 and 2 who are looked after by their parents or relatives, and who may be working under supervision in various occupations. She gives advice and assistance, particularly over difficulties which may arise. Reports are also submitted by her to mental hospitals on patients who are on licence or being considered for holiday leave.

The social worker may visit occasionally patients who have returned home after hospital treatment for mental or nervous breakdown, but this after care, which is often so desirable, has developed slowly in these parts, and lack of staff prohibits its expansion.

Mental defectives who can benefit by occupational therapy and training receive this from a Home Teacher who conducts a Group Training Centre in Skipton on three days each week. On the other days the teacher visits the homes of some who cannot travel to the Centre.

There are 12 children on the register of this Centre. Dinners are provided through the School Meals Service, and travel warrants for the defectives and their escorts. This service is greatly appreciated by the parents, for the training is valuable, and they are relieved of the strain of looking after their defective children for a proportion of each week.

10. VACCINATION AND IMMUNISATION.

Under the National Health Service Act the Local Health Authority has a duty to make arrangements for persons in its area to be vaccinated against smallpox and immunised against diphtheria. Vaccination and immunisation are, therefore, offered to the parents of all babies, and if desired are carried out by the family doctor or at any child welfare centre. Immunisation is again offered when the child reaches school age. The elimination of diphtheria is conditional upon the maintenance of an adequate level of immunisation, the objective being the immunisation of not less than 75% of babies before their first birthday. Unfortunately, both national and local figures are far below that target, and if parents continue to leave their children unprotected, there may be a return of diphtheria outbreaks as has occurred recently in the Midlands where among 78 cases there were 6 deaths - all of them children who had not been immunised. Parents might also bear in mind that as recently as 1944., there were 23,199 notified cases of diphtheria with 934 deaths.

Smallpox occurred in Lancashire and Yorkshire in 1953. It caused alarm, and the number of vaccinations increased. But parents soon became apathetic once the epidemic was eradicated, and less than one third of babies are now being brought forward for this procedure.

Whooping cough was made a notifiable disease in 1940. Since then it has been stated that well over one million cases have been notified in England and Wales alone, and over 10,000 children have died from the disease. Of the survivors a proportion will be left with permanent lung damage. It is estimated that 70% of the child population must be immunised before whooping cough can be eliminated as a major infectious disease, and it is now firmly believed that a high degree of immunity, even if it falls short of complete protection, can be provided by three injections given at monthly intervals starting at the fourth or fifth month of life.

STATISTICS:

(a) Number of persons vaccinated (or re-vaccinated) during period:-

Age at date of vaccination	Under 1 yr.	1 yr. 1 yr.	2- 4 yrs.	5 - 14 yrs.	15 yrs. or over	Total.
Number vaccinated	283	12	28	152	268	743
Number re-vaccinated	-	-	3	87	253	343

(b) Number of children who completed a full course of primary immunisation against diphtheria during the year.

Age at date of final injection.		
Under 5.	5 to 14.	Total.
642	135	777

(c) Number of children who were given a secondary or reinforcing injection (i.e., subsequent to complete full course) during the year ... 773.

(d) Number of children who completed a full course of immunisation against whooping cough during the year:-

Age at 31. 12. 54. i.e. born in year.	Under						Total
	1 1954	1 1953	2 1952	3 1951	4 1950	5 1949	
Number immunised	63	218	38	11	12	1	343

11. HEALTH EDUCATION.

There is such a mass of propaganda to-day on such a wide variety of subjects that much of it must fail in its objectives. Health propaganda by advertisement, pamphlet and poster must obviously share in this high proportion of failure, and although all are used, much more reliance is placed upon the personal approach, and in group teaching.

The health visitors are in a very good position to deal with this subject when making their visits, and can advise on mothercraft, home management, the prevention of disease and accident, and the upbringing of children. Their advice is particularly important where there are cases of tuberculosis in the home.

At the ante-natal relaxation exercise classes the health visitors share the instruction with the midwives, giving informal talks on mothercraft to the most receptive of audiences. This year it has been possible to enlarge our field of work, and film strips and talks on child care and development have been given at child welfare centres. Film strips and talks have also been given in a number of senior schools. Despite what is being done it is obvious that we are still only dealing with a small part of this enormous problem of healthy living - for that is what we really mean. And until more can be done - much more - there seems little prospect of reducing the nations enormous bill for ill health and preventable disease.

12. CHILDREN NEGLECTED OR ILL-TREATED.

The Divisional Medical Officer is responsible for co-ordinating the activities of public and voluntary bodies engaged in the prevention of neglect or ill-treatment of children in their own homes. To this end conferences are held regularly, and attended by all who have an interest in the welfare, education and housing of these families. A great deal of information is thus made available for those workers and their activities can be co-ordinated to the best advantage in dealing with problem families, and others who may be brought to notice in one way or another.

Rehabilitation of such families is a difficult business, and we have no Family Service Unit to work in their homes. But some results have been achieved, and the conferences are of undoubted value. In this respect the services of the local inspector of the N.S.P.C.C. have been greatly appreciated.

13. CARE AND AFTER CARE.

There is a wide field of responsibility for the Local Health Authority and references must necessarily be brief. Sick room requisites in the form of air rings, rubber sheets, bed pans and bed rests have been provided free of charge, each home nurse holding a small stock. Crutches, wheel chairs, spinal carriages, special beds and other larger items being supplied through the Divisional Office. Recuperative Home Treatment has been arranged for certain adults on their doctor's recommendation, and a few children have been admitted to convalescent homes through the School Health Service. Extra milk has been supplied to 35 cases of tuberculosis during the year, on the advice of the Chest Physician.

The exchange of information between the Almoners and this Division has shown a considerable increase, home nurses and home helps being provided at their request for patients discharged from hospital. Information on social conditions has also been provided, and many reports on the circumstances of applicants for admission to hospitals for the long-term sick.

Much attention has been given to the ageing population in one form or another. Ageing by virtue of the fact that instead of the high fertility of the nineteenth century, there is now a lower level of fertility, and the continuous expansion of population has been replaced by a more stable structure in which the proportion of old people is no longer artificially low. Additionally, the great reduction in mortality, particularly amongst infants and from infections, means that many people are now living into old age which, until recent times they would never have reached. The majority of old people manage surprisingly well, but if they fall ill and require nursing, it is always difficult to obtain a hospital bed on the female side. The provision of a "half way house", the joint responsibility of Regional Hospital Board and Local Health Authority would meet the needs of some such cases of temporary illness. It would also meet the needs of many others - e.g., those no longer requiring hospital treatment, but not fit to manage in their own homes or in an old peoples' home, sometimes referred to as the 'frail ambulants'.

14. AMBULANCE SERVICE.

There has been no alteration in the ambulance arrangements during the year, and judging from comment and absence of complaint, it would seem that a satisfactory service is being provided.

The Barnoldswick depot serves West Craven; Silsden and adjacent parishes are served from Keighley; Addingham and Beamsley from Guiseley; and the rest of the Division from the Skipton depot, with the exception of Upper Wharfedale which is dealt with by the St. John's Ambulance Brigade operating under agency arrangements from Grassington.

STATISTICS:

1954

Mileage covered: 139,868

Patients carried: 18,449

15. THE SCHOOL HEALTH SERVICE.

The responsibilities of the department in respect of schools have continued without interruption. The basis is the examination of each child on at least three occasions during school life along with special examinations of those children who need particular observation or care, and the provision of guidance to the Youth Employment Officer when the time comes for pupils to leave school. In addition, B.C.G. vaccination has been offered since September to all children in the thirteen year old group. The purpose of this is to provide children with an artificial immunity who are shown by skin testing to be susceptible to tuberculosis. The results of this are given in the table below, and further reference will be found in an earlier section of this Report.

The tuberculin testing of school entrants has also been extended. This consists of applying a little specially prepared jelly to the skin, and in the case of a child showing a positive reaction, search is made amongst the family contacts to try and find the source of infection. This is done with the co-operation of the Chest Physician, and is a means of discovering hitherto undetected but infectious cases of tuberculosis in the community.

B.C.G. vaccination, and the tuberculin testing of school entrants have involved the staff of the department in much extra work. But it has been willingly undertaken and accomplished in the belief that these procedures will eventually lead to a reduction in the incidence of tuberculosis.

During the year two teachers were found to be suffering from pulmonary tuberculosis. All contacts were given a tuberculin test, the results of which indicated that there had been no widespread dissemination of the disease.

The free provision of a general practitioner service (under the National Health Service Act) for every child has had little effect so far on the School Health Service, and co-operation between the doctors concerned is in most instances satisfactory. Co-operation with the hospital staffs has also improved. That is as it should be, for all are workers in the same health service; and as there are still 20% of men medically examined on registering for national service found to be unfit for service on medical grounds, then there is obviously a need for the fullest co-operation in this wide field of child health.

TABLE I.

(a) PERIODIC MEDICAL INSPECTIONS.

Number of inspections in the prescribed groups:-

Entrants	946
7 to 8 year group	13
Last year primary	748
First year secondary	143
Last year secondary	<u>416</u>

Total: 2,266

(b) OTHER INSPECTIONS.

Number of Special Inspections	1,286
Number of Re-inspections	<u>25</u>

Total: 1,311

(c) PUPILS FOUND TO REQUIRE TREATMENT.

Group	Defective vision(excl. squint)	For any of other conditions recorded in Table 11A	Total individual pupils
Entrants	22	231	230
7 to 8 yr. group	1	3	4
Last yr. primary	61	169	205
First yr. secondary	13	19	27
Last yr. secondary	25	99	112
Total:	122	521	578

(d) CLASSIFICATION OF THE GENERAL CONDITION OF ALL PUPILS
GIVEN A ROUTINE EXAMINATION.

Age Groups.	No. of pupils inspect- ed.	A. (Good)		B. (Fair)		C. (Poor).	
		No.	% of Col.2.	No.	% of Col.2.	No.	% of Col.2.
Entrants	946	552	58.4	368	38.9	26	2.7
7 to 8 yr. group	13	8	61.5	4	30.8	1	7.7
Last yr. primary	748	492	65.7	231	30.8	25	3.5
First yr. secondary	143	99	69.2	44	30.8	-	-
Last yr. secondary	416	280	67.3	126	30.3	10	2.4
Total:	2,266	1,431	63.1	773	34.1	62	2.8

TABLE 11

(e) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31st DECEMBER, 1954.

All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect or Disease.	Periodic Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment	Requiring observation but not treatment	Requiring treatment	Requiring observation but not treatment
Skin	69	6	11	7
Eyes: (a) Vision	122	114	46	108
(b) Squint	30	9	8	11
(c) Other	20	5	2	3
Ears: (a) Hearing	2	7	3	7
(b) Otitis Media	11	8	3	6
(c) Other	6	8	7	8
Nose or Throat	81	147	50	92
Speech	14	9	8	14
Cervical Glands	5	18	4	20
Heart and Circulation	5	52	3	68
Lungs	62	46	15	48
Developmental:				
(a) Hernia	7	2	1	4
(b) Other	15	60	8	40
Orthopaedic:				
(a) Posture	18	44	9	21
(b) Flat Feet	94	33	29	32
(c) Other	34	23	12	40
Nervous System:				
(a) Epilepsy	-	2	-	6
(b) Other	5	5	-	7
Psychological:				
(a) Development	2	12	1	32
(b) Stability	5	25	3	14
Other	52	15	9	22

(f) B.C.G. VACCINATION OF SCHOOL CHILDREN.

Number offered B.C.G. Vaccination	501
Number accepting B.C.G.	316
Number Mantoux Negative	179
Number given B.C.G. Vaccine	179

(g) CLINIC ARRANGEMENTS:

School clinics are held in Skipton, Silsden and Barnoldswick where children requiring observation can be seen regularly, and given appropriate treatment and advice. Orthopaedic and Ear, Nose and Throat clinics are held at Skipton Hospital, conducted by specialists of the Regional Hospital Board. The Board also provides an ophthalmologist for the examination of children with defects of vision, and his clinics are held in Skipton and Barnoldswick. Clinics are held in the same places for speech therapy, Miss Buckley's services being shared with Divisions 1 and 3. Last, but by no means the least important is the Child Guidance Clinic conducted by Dr. MacTaggart for children showing maladjustment and behaviour problems.

(h) HANDICAPPED PUPILS:

There are 71 names on the register of handicapped pupils, these being pupils who, owing to some mental or physical disability, require special educational treatment. The division into the various categories being:-

Blind	3	Partially Deaf	3	Physically	
Partially sighted	2	Maladjusted	1	Handicapped	16
Deaf	5	Delicate	13	Educationally	
				Subnormal	28

Total: 71

Of these 71 pupils, 23 were attending special residential schools as follows:-

Schools for the Blind	1	Schools for Maladjusted	0
Schools for Partially sighted	2	Schools for Delicate	4
Schools for the Deaf	4	Schools for Physically	
Schools for Partially Deaf	1	Handicapped	3
		Schools for Educationally	
		Subnormal	8

Total: 23

5 children were receiving home tuition during the year.

(i) PUPILS UNDER OBSERVATION.

In addition to the pupils classified as handicapped under the Education Act, 1944, 57 children with defects of a less serious or temporary nature were under observation at the end of the year.

(j) EMPLOYMENT OF CHILDREN.

The County Council has Byelaws relating to the employment of children, of compulsory school age, which require the children to be examined by the School Medical Officer within two weeks of the date when employment begins. This being to ascertain that such employment will not be prejudicial to the child's health. During the year 35 children were examined for this purpose.

(k) CLEANLINESS.

The school nurses undertake the examination of childrens' heads for infestation with vermin. During the year 20,255 examinations were made, and 203 pupils found to require treatment. In many cases the infestation is a chance one, and does not recur, but in a few families where there is neglect or lack of care, treatment is undertaken in co-operation with the parents and teachers.

(l) DENTAL SERVICE.

The following statistics have been provided by Mr. O.A. Long, Senior Dental Officer. Treatment has been on a reduced scale, because of the absence of Mr. Ellwood on a year's study leave in the U.S.A.

Number of children inspected	2,517
" " " found to require treatment	2,005
" " " offered treatment	1,683
" " " treated	1,458
" " attendances	3,322
" " extractions:	
(a) temporary	1,666
(b) permanent	288
" " general anaesthetics	9

Number of fillings:

(a) temporary	648
(b) permanent	2,167

Number of other treatments:

(a) temporary	207
(b) permanent	1,192

16. MEDICAL EXAMINATIONS.

Particulars of medical examinations carried out by the Divisional Medical Staff are as follows:-

Entry to County Superannuation Scheme	35
Teachers and entrants to Training College	36
Fitness for work	... .. 6

In addition certain examinations were carried out under the Children Act, 1948., and the Mental Deficiency Acts.

